Rural pharmacy's future

By Lindy Swain

PAC13 in Brisbane in October was a wonderful opportunity to get together with rural colleagues from distant places. Many attended the fantastic rural session where we discussed the opportunities for pharmacist interventions in mental health and metabolic syndrome, the challenges of rural HMRs and the satisfaction of working in remote communities. Being in Brisbane together provided the opportunity for some of us to meet face to face to discuss rural issues. We discussed challenges of rural practice, examined existing 5CPA rural programs, brainstormed solutions, discussed the Grattan report and came up with some ideas for a rural pharmacy 'wish list'.

The two groups that met (separately) were the Rural Pharmacy Liaison Officers (RPLOs) and PSA's Rural Special Interest Group Advisory committee. RPLOs are pharmacists based in University Departments of Rural Health (UDRHs) in Alice Springs, Geraldton, Mt Isa, Whyalla, Shepparton, Warrnambool, Moe, Lismore, Tamworth, Taree and Broken Hill. RPLOs assist pharmacy students to undertake rural placements, support rural pharmacists and promote rural pharmacy and interdisciplinary models of patient care. PSA's Rural Special Interest Group advisory committee has representatives from each state and meets regularly to advise PSA on rural pharmacy issues. The outcomes from the two meetings were surprisingly similar. Some of the main issues are discussed below. Input from the groups will be collated and a rural advisory paper will be submitted to the Pharmacy Guild of Australia and the Department of Health to try to inform discussions for the next Community Pharmacy Agreement.

Much discussion centred on the Grattan report[1] and although all agreed pharmacists should definitely have extended roles in areas of need, it was acknowledged that the solutions modelled in the report were not necessarily practical or viable. Participants called for proper reimbursement for clinical services which would also allow pharmacists to deliver clinical services in areas where it is not viable to have a community pharmacy. They also called for reimbursement for participation in telemedicine consulting and legislative change around dispensing outposts and telepharmacy.

Despite the talk of an oversupply of pharmacy graduates, there are still workforce shortages in many rural and remote areas. Under the 5CPA there are a number of rural workforce programs designed to address rural workforce shortages. However, it was felt that the PhARIA classification system is 'broken', many program rules lack flexibility and and paperwork requirements are burdensome and need streamlining. Many other recommendations were put forward including: interns outside capital cities should be able to claim expenses for travel to training and exams, rural pharmacy scholarships should be bonded, incentive payments should be paid to remote practicing pharmacists and the rural student placement program needs revision.

Concerns about the future of the Home Medicines Review program were expressed. The rural allowance cap of $125 and the need for HMRs to be pre-approved when done outside the home have resulted in many pharmacists declining to do rural and Aboriginal HMRs. These 'sickest' people in our community are missing out on this valuable service.

Establishing a rural advisory committee was suggested as a way to to improve understanding of rural practice issues and inform rural program design. It was felt that this committee is much needed to advise on the integration of the S100, CTG and QUMAX Aboriginal medication schemes. Aboriginal people, their pharmacists and other health professionals are currently struggling with multiple programs causing confusion, anxiety and difficulties for all parties.

One-third of Australia's pharmacists work in rural and remote areas. Rural and remote areas have higher burdens of chronic disease, more incidents of accident and trauma and in many areas more patients per pharmacy. Huge opportunities exist for rural and remote pharmacists to contribute to the health outcomes of their patients, and in future hopefully there will be opportunities for pharmacists to deliver and be reimbursed for extended clinical practice. However, feedback indicates that under 5CPA many rural pharmacists have seen a decline in viability and support, and less opportunity for students and interns to experience rural practice. It is important that funding is not cut from the rural programs budget in the next Community Pharmacy Agreement, as we still need to address rural workforce inequity and an increasingly unhealthy rural Australia.

You can have your say about rural pharmacy issues by emailing me at lindy.swain@psa.org.au with your issues and/or you can join the PSA Rural Special Interest Group(SIG) at: www.psa.org.au/supporting-practice/special-interest-groups

If you are a PSA member it is free to join the Rural SIG. I am going to start a regular newsletter and dialogue with Rural SIG members. Members will be sent a rural survey shortly. The responses will help contribute to our Rural 6CPA advisory paper.

Reference

Duckett. S, Breardon P. Access all areas: new solutions for GP shortages in rural Australia. Grattan Institute report 2013-11, Sep 2013.

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